

# KANSAS GOVERNMENTAL ETHICS COMMISSION

## PRELIMINARY RECEIPTS AND EXPENDITURES REPORT OF A PERSON PROMOTING OR OPPOSING A KANSAS CONSTITUTIONAL BALLOT QUESTION

**Due Date:** February 15, 2006

FILE WITH THE SECRETARY OF STATE  
SEE REVERSE SIDE FOR INSTRUCTIONS

**FILED**

APR 17 2006

RON THORNBURGH  
SECRETARY OF STATE

A. Name of Reporting Entity: One Voice of Kansas, Inc.  
Address: c/o Paul Barkey 2514 Nutmeg  
City, State and Zip Code: Manhattan, Kansas 66502

B. Summary (covering the period from February 2, 2005 through December 31, 2005)

1. Total Contributions (Use Schedule A) .....	<u>\$4,437.66</u>
2. In-Kind Contributions (Use Schedule B) .....	<u>\$230.73</u>
3. Total Expenditures (Use Schedule C) .....	<u>\$4,376.33</u>

C. "I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

4/13/06

Date

Dale Levering - Treasurer  
Signature of Individual Completing Report

**SCHEDULE A**  
**CONTRIBUTIONS**

One Voice of Kansas, Inc.

(Name of Person)

Contributor Name Complete Address of Contributor	Amount of Cash or Check Over \$50
Warren Setchell 3812 SE 33rd, Topeka, KS 66605	\$200.00
Faith Enterprises, Inc. 4300 Cedar Ridge Dr., Manhattan, KS 66503	\$400.00
Gary Ward 2829 Nevada, Manhattan, KS 66502	\$100.00
Thomas Van Slyke 3761 S 33rd, Manhattan, KS 66502	\$100.00
Wayne Geyer 905 Ivy Circle, Manhattan, KS 66502	\$100.00
Kent Hampton 917 Pierre, Manhattan, KS 66502	\$100.00
Olds Properties 3308 Frontier Circle, Manhattan, KS 66502	\$100.00
Robert Reader 1913 Rockhill Rd., Manhattan, KS 66502	\$500.00
Larry Limbocker 2108 Snowbird Drive, Manhattan, KS 66502	\$200.00
Southwest ProHome LLC 550 N 159th E. Ste 2000, Wichita, KS 67230	\$1,000.00
Subtotal this page	\$2,800.00



# SCHEDULE B

## IN-KIND CONTRIBUTIONS

One Voice of Kansas, Inc.

(Name of Person)

Contributor Name Complete Address of Contributor	Amount of Cash or Check Over \$50
Richard Miller 4300 Cedar Ridge Dr., Manhattan, KS 66502	\$87.21
Aggressive Internet Marketing Solutions 4440 SW Pennsylvania, Topeka, KS 66609	\$143.52
Subtotal this page	\$230.73
Total Itemized (over \$50) In-Kind Contributions	\$230.73
Total Unitemized (\$50 or less) In-Kind Contributions	\$0.00
Total In-Kind Contributions This Period (to line 2 of Summary)	\$230.73

**SCHEDULE C**  
**EXPENDITURES**

One Voice of Kansas, Inc.

(Name of Person)

Name of Payee Complete Address of Payee	Purpose of Expenditure	Amount of Expenditure Over \$50
McCain Auditorium 207 McCain Auditorium, Manhattan, KS 66506	Rental of Facility	\$464.12
Manhattan Publishing 2414 Casement Rd, Manhattan, KS 66503	KMAN Radio Advertisement	\$432.00
Manhattan Free Press 103 N 3rd, Manhattan, KS 66502	Newspaper Advertisement	\$153.57
The Manhattan Mercury 318 N 5th, Manhattan, KS 66502	Newspaper Advertisement	\$292.68
AG Press 1531 Yuma, Manhattan, KS 66502	Newspaper Advertisement	\$100.00
KBLS Sunny Radio 5008 Skyway Dr., Manhattan, KS 66502	KBLS Radio Advertisement	\$104.00
Aggressive Internet Marketing Solutions P.O. Box 7291, Hampton, VA 23666	Web Site Fee	\$143.52
Angel 95 103 N 3rd, Manhattan, KS 66502	Angel Radio Advertisement	\$250.00
The Manhattan Mercury 318 N 5th, Manhattan, KS 66502	Newspaper Advertisement	\$922.76
Manhattan Free Press 103 N 3rd, Manhattan, KS 66502	Newspaper Advertisement	\$122.38
McCain Auditorium 207 McCain Auditorium, Manhattan, KS 66506	Rental of Facility	\$437.31
Manhattan Advertising 529 Humboldt, Manhattan, KS 66502	Prepared Radio Spots	\$444.00
Kansas Victory Fund P.O. Box 626, Topeka, KS 66601	Applicable Literature	\$250.00
Subtotal this page		\$4,116.34

## EXPENDITURES

One Voice of Kansas, Inc.

(Name of Person)

Name of Payee Complete Address of Payee	Purpose of Expenditure	Amount of Expenditure Over \$50
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<b>Subtotal this page</b>		<b>\$0.00</b>

Total Itemized Expenditures for Period	\$4,116.34
Total Unitemized Expenditures (\$50 or less)	\$259.99
Total Expenditure This Period (to line 3 of Summary)	<b>\$4,376.33</b>

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2005****Open to Public Inspection****A** For the 2005 calendar year, or tax year beginning **1 January**, 2005, and ending **31 December**, 20 **05****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**One Voice of Kansas, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

**c/o Dale Levering 214 Summit**

City or town, state or country, and ZIP + 4

**Manhattan, Kansas 66502-3835****D** Employer identification number**41-2165501****E** Telephone number**(785) 587-9293****F** Group Exemption Number ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ **www.onevoiceks.org****H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one)—☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☒ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **4437.00****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4412.00
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	25.00
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
7b	Less: cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ _____)	8	0	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	4437.00	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	286.00
	15	Printing, publications, postage, and shipping	15	4091.00
	16	Other expenses (describe ▶ _____)	16	
17	<b>Total expenses</b> (add lines 10 through 16)	17	4376.00	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	61.00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	61.00

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22 61.00
23 Land and buildings	0	23 0
24 Other assets (describe ▶ _____)	0	24 0
<b>25 Total assets</b>		<b>25 61.00</b>
26 Total liabilities (describe ▶ _____)	0	26
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	<b>27 61.00</b>

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Education on citizenship issues.</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Developing and maintaining educational programs on the issues of Christian citizenship. Specifically, education of Kansans regarding Kansas Constitutional Amendment regarding marriage. Amendment approved. (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 4091.00
29	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 4091.00

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Paul Barkey 2514 Nutmeg Manhattan, KS 66502	Chairman / 2	0	0	0
Phillis Setchell 3813 33rd St. Topeka, KS 66503	Director / 2	0	0	0
Dale Levering 214 Summit Manhattan, KS 66502	Treasurer / 2	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a	
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b	✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)41 List the states with which a copy of this return is filed. **Kansas**42a The books are in care of **Dale Levering** Telephone no. **(785) 587-9239**  
Located at **214 Summit Manhattan, KS 66502** ZIP + 4 **66502-3835**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ☐and enter the amount of tax-exempt interest received or accrued during the tax year **43**Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Dale Levering**

Signature of officer

**13 Apr 06**

Date

**Dale Levering, Treasurer**

Type or print name and title.

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check if  
self-  
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

EIN

Phone no. ( )